

**DEPARTMENT OF LOCAL GOVERNMENT FINANCE
HEARING INFORMATION SHEET
NEW FACILITY APPEAL IC 6-1.1-19-4.4**

School Corporation Name: _____ **County:** _____
School Corp. Number: _____

Please complete the requested information on both sheets regarding a request for a levy increase.

1. The need for a levy increase is due to:
_____ Opening a new facility
_____ Additions to an existing facility
_____ Major remodeling of an existing facility (closed for 3 years)
2. Total amount of excessive levy appeal request: _____
Individual facility breakdowns will follow.
3. Tax rate impact based on total appeal request: _____
4. Did your Board advertise/adopt high enough to allow for an excessive levy appeal? Y ____ N ____
5. As required, were taxpayers informed of this appeal before construction of the addition, remodeling or new facility? Yes ____ No ____

Facility information: If there is more than one facility, list in order of date of occupancy

Name of the facility: _____

Date of Occupancy _____ Addition _____
New facility _____
Facility closed; now reopened _____

Square feet of new facility _____
Square feet of building demolished _____
Square feet of building abandoned _____
Net square footage increase _____

Total square ft. of buildings in operation before new facility was occupied:

Total square footage of buildings in operation after this facility was occupied: (include non-student buildings)

Year _____ # of Buildings _____ Total square feet _____

How is the building heated? Gas _____ Fuel Oil _____ Electric _____ Other _____
Type of heating system: _____

Current unit cost of utilities:	2004	2005
Gas per cubic ft.	_____	_____
Fuel Oil 1-gallon	_____	_____
Electricity: per kilowatt hour	_____	_____
Other _____	_____	_____

Annual operating cost increase for this facility \$ _____

Number of months for increased levy: _____

Levy increase for this facility \$ _____ Rate impact \$ _____

Name of the facility: _____

Date of Occupancy _____ Addition _____
New facility _____
Facility closed; now reopened _____

Square feet of new facility _____
Square feet of building demolished _____
Square feet of building abandoned _____
Net square footage increase _____

Total square ft. of buildings in operation before new facility was occupied:

Total square footage of buildings in operation after this facility was occupied: (include non-student buildings)

Year _____ # of Buildings _____ Total square feet _____

How is the building heated? Gas _____ Fuel Oil _____ Electric _____ Other _____
Type of heating system: _____

Current unit cost of utilities:	2004	2005
Gas per cubic ft.	_____	_____
Fuel Oil 1-gallon	_____	_____
Electricity: per kilowatt hour	_____	_____
Other _____	_____	_____

Annual operating cost increase for this facility \$ _____

Number of months for increased levy: _____

Levy increase for this facility \$ _____ Rate impact \$ _____

Name of the facility: _____

Date of Occupancy _____ Addition _____
New facility _____
Facility closed; now reopened _____

Square feet of new facility _____
Square feet of building demolished _____
Square feet of building abandoned _____
Net square footage increase _____

Total square ft. of buildings in operation before new facility was occupied:

Total square footage of buildings in operation after this facility was occupied: (include non-student buildings)

Year _____ # of Buildings _____ Total square feet _____

How is the building heated? Gas _____ Fuel Oil _____ Electric _____ Other _____
Type of heating system: _____

Current unit cost of utilities:	2004	2005
Gas per cubic ft.	_____	_____
Fuel Oil 1-gallon	_____	_____

Electricity: per kilowatt hour _____
Other _____

Annual operating cost increase for this facility \$ _____

Number of months for increased levy: _____

Levy increase for this facility \$ _____ Rate impact \$ _____

Name of the facility: _____

Date of Occupancy _____ Addition _____
New facility _____
Facility closed; now reopened _____

Square feet of new facility _____
Square feet of building demolished _____
Square feet of building abandoned _____
Net square footage increase _____

Total square ft. of buildings in operation before new facility was occupied:

Total square footage of buildings in operation after this facility was occupied: (include non-student buildings)

Year _____ # of Buildings _____ Total square feet _____

How is the building heated? Gas _____ Fuel Oil _____ Electric _____ Other _____

Type of heating system: _____

Current unit cost of utilities:	2004	2005
Gas per cubic ft.	_____	_____
Fuel Oil 1-gallon	_____	_____
Electricity: per kilowatt hour	_____	_____
Other _____	_____	_____

Annual operating cost increase for this facility \$ _____

Number of months for increased levy: _____

Levy increase for this facility \$ _____ Rate impact \$ _____

COMPLETE INDIVIDUAL PAGE FOR EACH NEW FACILITY

USE THE FOLLOWING INSTRUCTIONS TO COMPLETE THIS PAGE:

Columns 1 and 2: Use current and proposed information to complete these columns

Column 3: Compute the difference between Columns 1 and 2.

Column 4: Indicate only costs directly related to the facility. Identify any estimates and show how you arrived at the estimate on a separate sheet if needed.

For example: Object 100-Added 1 janitor @ \$17,000 year 1 part-time janitor @ 15hrs./wk. @ \$5.00 per hour.

Facility: _____ Net square ft. _____

<u>ACCOUNTS TO BE CONSIDERED FOR INCREASED LEVY</u>				
	Column 1	Column 2	Column 3	Column 4
	CURRENT YEAR FACILITIES OPERATING COST FOR YEAR OF OCCUPANCY (WITHOUT NEW FACILITY) 2 _____	FACILITIES OPERATING COST FOR FIRST FULL YEAR OF OCCUPANCY 2 _____	DIFFERENCE BETWEEN COLUMN 1 AND COLUMN 2	INCREASED OPER. COSTS DIRECTLY RELATED TO THIS NEW FACILITY
25400 (Operation and maintenance of plant services) (except 25410)	25400 (except 25410) _____	_____	_____	_____
Object 100 Salaries	Object 100 _____	Object 100 _____	_____	_____
Object 320 Property Services	25400 Object 320 _____	25400 Object 320 _____	_____	_____
Object 380 Utility Services	25400 Object 380 _____	25400 Object 380 _____	_____	_____
Object 400 Supplies and Materials	25400 Object 400 _____	25400 Object 400 _____	_____	_____
Object 540 Equipment	25400 Object 540 _____	25400 Object 540 _____	_____	_____
Object 550 Vehicles	25400 Object 550 _____	25400 Object 550 _____	_____	_____
TOTAL	TOTAL _____	TOTAL _____	_____	_____
26491 PERF				
Object 200 Employee Benefits	26491 Object 200 _____	26491 Object 200 _____	_____	_____
26492 SOCIAL SECURITY				
Object 200 Employee Benefits	26492 Object 200 _____	26492 Object 200 _____	_____	_____
26493 WORKMAN'S COMPENSATION				
Object 200 Employee Benefits	26493 Object 200 _____	26493 Object 200 _____	_____	_____
26494 GROUP INSURANCE				
Object 200 Employee Benefits	26494 Object 200 _____	26494 Object 200 _____	_____	_____
26496 UNEMPLOYMENT COMPENSATION				
Object 200 Employee Benefits	26486 Object 200 _____	26486 Object 200 _____	_____	_____
TOTAL:	TOTAL: _____	TOTAL: _____	_____	_____
GRAND TOTAL:	GRAND TOTAL _____	GRAND TOTAL _____	_____	_____

